

ISSUE SLIP STAPLE AREA (for additional cross references)

EME  
11/3/00  
TD

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-3-00
O.I.P.E. CLASSIFIER		8	10-11-00
FORMALITY REVIEW	mm	780	11-2-00
RESPONSE FORMALITY REVIEW	Z ReH	563531	03-27-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-4-01
2	✓	✓	1-4-01
3	✓	✓	1-4-01
4	✓	✓	1-4-01
5	✓	✓	1-4-01
6	✓	✓	1-4-01
7	✓	✓	1-4-01
8	✓	✓	1-4-01
9	✓	✓	1-4-01
10	✓	✓	1-4-01
11	✓	✓	1-4-01
12	✓	✓	1-4-01
13	✓	✓	1-4-01
14	✓	✓	1-4-01
15	✓	✓	1-4-01
16	✓	✓	1-4-01
17	✓	✓	1-4-01
18	✓	✓	1-4-01
19	✓	✓	1-4-01
20	✓	✓	1-4-01
21	✓	✓	1-4-01
22	✓	✓	1-4-01
23	✓	✓	1-4-01
24	✓	✓	1-4-01
25	✓	✓	1-4-01
26	✓	✓	1-4-01
27	✓	✓	1-4-01
28	✓	✓	1-4-01
29	✓	✓	1-4-01
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31	✓	✓	1-4-01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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